## CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges.	See Invoice for actual schedule and charges.							
, Mike Jacobson	, hereby request station time as follows:							
IDENTIFY CANDIDATE TYPE	ERAL CANDIDATE							
	E OR LOCAL CANDIDATE							
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED							
Candidate name:								
Mike Jacobson								
Authorized committee:								
Mike Jacobson for Legislature								
Agency requesting time (and contact information):								
N/A								
Candidate's political party:								
Republican								
Office sought (no acronyms or abbreviations):								
Nebraska Legislature, District 42								
Date of election:	General 🗸 Primary							
05/10/22	Investment of the control of the con							
Treasurer of candidate's authorized committee:								
Cheryl Manka								
The undersigned represents that:								
(1) the payment for the broadcast time requested has been fur	nished by (check one box below):							
the candidate listed above who is a legally qualified car	ndidate, or							
the authorized committee of the legally qualified candi	date listed above;							
(2) this station is authorized to announce the time as paid for b	y such person or entity; and							
(3) this station has disclosed its political advertising policies, ind	cluding applicable classes and rates, discount, promotion							
and other sales practices (not applicable to federal candida	tes).							
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCIN THE PLACEMENT OF ADVERTISING.	RIMINATION ON THE BASIS OF RACE OR ETHNICITY							
Candidate/Committee/Agency	Station Representative							
Signature:	Signature:							
Cheryl IV Mika	Samantha Lankurt							
Name: Chery I Manka, Treasurer Name: Samanha Lunkwitz								
Date of Request to Purchase Ad Time: 2-10-22	Date of Station Agreement to Sell Time:							

Federal Candidate Certification:  The undersigned hereby certifies that the broadcast matter to be aired pursuant to this disclosure either (1) does not refer to an opposing candidate or, if it does, (2) contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast and that the candidate and/or the candidate's authorized committee paid for the broadcast or if radio programming, contains a personal audio statement by the candidate that identifies the candidate, the office being sought and that the candidate has approved the broadcast.									
Candidate/Authorized Committee/Agency									
Signature:									
Name:									
Date:									
TO BE COMPLETED BY STATION ONLY									
Ad submitted to Station? Yes Date ad received: 3/18/23									
Note: Must have separate PB-19 Forms for each version of the ad (i.e., for every ad with differing copy).									
Federal candidate certification signed (above):  Yes  No  N/A									
Disposition:  Accepted  Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)*  Rejected – provide reason:  *Upload partially accepted form, then promptly upload updated final form when complete.									
Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):									
Contract #: C3534 Station Call Letters: Date Received/Requested:									
Est. #:  NA  Station Location:  Run Start and End Dates:  32122 - 4124122									
Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.									

## **Sales Order**

Stations:	KODY-AM, KXN	P-FM		 	Buyer:				 
Contract Name:		1 3 19 2	2-03	 	Tax Schedule:				 (None)
Contract#:				 63524	Agency Commis	ssion %	: 0		 
Start Date:	3/21/22	End D	Date:	 4/24/22	Billing Cycle:	Cale	endar		 
	Local Political								
Advertiser:	Mike Jacobson f	or Legis	lature	 	Makegood Polic	;y: _	Within Contract	t Dates	 
Address:	18326 South Cha	arles Av	e.	 					
City:	North Platte	State:	NEZip:	 69101					
Product Name:	Mike Jacobson	for Leg	isla	 					
Competitive Cod	e: Political			 					

## **KODY-AM**

No	DATES		Alt	TIMES		LEN	DISTRIBUTION									DATE	TO	OTALS	DTV
140	START	END	wks	START	END	LEIN	М	T	W	Т	F	SA	SU	Per Wk	D/W	RATE	SPOTS	\$\$	PTY
1	3/21/22	4/17/22		6:00 AM	10:00 AM	30	6	6	6	6	6			30	D	9.00	120	1,080.00	2
2	3/26/22	4/17/22		7:00 AM	10:00 AM	30						6	6	12	D	9.00	48	432.00	2
3	4/18/22	4/24/22		6:00 AM	10:00 AM	30	6	6	6	6	6			30	D	9.00	30	270.00	2
4	4/18/22	4/24/22		7:00 AM	10:00 AM	30						6	6	12	D	9.00	12	108.00	2

TOTAL GROSS \$1,890.00, NET \$1,890.00

## KXNP-FM

No	DAT	ΓES	Alt	TIN	MES	LEN	DISTRIBUTION									RATE	TOTALS		DTV
140	START	END	wks	START	END	LEIN	М	Т	W	T	F	SA	SU	Per Wk	D/W	KATE	SPOTS	\$\$	PTY
1	3/21/22	4/17/22		6:00 AM	10:00 AM	30	6	6	6	6	6			30	D	12.00	120	1,440.00	2
2	3/26/22	4/17/22		7:00 AM	10:00 AM	30						6	6	12	D	12.00	48	576.00	2
3	4/18/22	4/24/22		6:00 AM	10:00 AM	30	6	6	6	6	6			30	D	12.00	30	360.00	2
4	4/18/22	4/24/22		7:00 AM	10:00 AM	30						6	6	12	D	12.00	12	144.00	2

TOTAL GROSS \$2,520.00, NET \$2,520.00

Billing Proje	ections: By I	Month								
		Mar 22	Apr 22							
	CA	1,386.00	3,024.00							
	ST	882.00	3,528.00							
<b>⊘</b> Print S	pot Prices					TOTAL SPO	TS		420	
						GROSS TOT	AL\$		4,410.00	
						ADJUSTED S	SPOTS	420		
						ADJUSTED T	TOTAL \$		4,410.00	
						APPROVE	DECLINE			
								General Manager		
							$\bigcirc$	Sales Manager		
								1520slun, 04/11/22 @3:12PM		